

Guarantor Name: **1**  
 Patient Account #:  
 Statement Date:

 JOHN DOE  
 XXXXXA11476  
 12/01/2021

**2 Your Account Status**  
 Your health insurance has been billed correctly and the remaining balance is your responsibility.

**Payment due**  
**3 \$25.06**  
 Upon Receipt

**Choose a Payment Method**


**Pay Online**  
 Recommended

Make a secure & easy payment online at:  
**4 <https://payment.athenahealth.com>**  
 QuickPay Code: XXXX-XXXX-XXX-XXX


**Mail Payment**  
 Mail your payment with the coupon below.  
 Make checks payable to: RIVERCHASE DERMATOLOGY. **5**  
 Please include your account # on the check.

**6 Questions?** Have a question about your balance, or need to update your insurance information with us? Call 239-313-2517 during our normal business hours, 8:00 am to 4:30 pm.

**Thank you for choosing RIVERCHASE DERMATOLOGY**
**8** Thank you for your prompt payment.

 With a Patient Portal account, you can opt into paperless statements, pay your bill online, send messages to our practice, and more. Visit our website, <https://www.riverchasedermatology.com> and select PAY ONLINE from the Resources tab, to register today! You can also visit our Insurance & Financial section under Resources, to review Statement Descriptions, Commonly Used Procedure Codes, Understanding the Billing Process and much more.

**7**  Enjoy the ease and security of paperless statements. Sign up today at [https://11476-1.portal.athenahealth.com/](https://11476-1.portal.athenahealth.com)
[detailed summary >](#)

Detach coupon below and return with your payment. Please include your account number on the check, and use the envelope provided for faster processing.

**Pay Online at QuickPay**  
[www.quickpayportal.com](http://www.quickpayportal.com) | QuickPay Code:  
**XXXX-XXXX-XXX-XXXX**

**RIVERCHASE DERMATOLOGY**  
 PO BOX 14099  
 BELFAST, ME 04915

**9**

Due Date	Patient Account #
Upon Receipt	XXXXXXA11476
Amount Due	Amount Enclosed
<b>\$25.06</b>	

**Make checks payable to: RIVERCHASE DERMATOLOGY**

 JOHN DOE  
 1234 SOUTH ST,  
 FORT MYERS, FL 33908

 RIVERCHASE DERMATOLOGY  
 ATTN # 15852W  
 PO BOX 14000  
 BELFAST ME 04915-4033

**10**  Check box if insurance or patient information has changed.  
 Please indicate changes on reverse side.

## 11 FREQUENTLY ASKED QUESTIONS

### Your Statement

#### Why am I receiving this statement?

You are receiving this statement because either you or a dependent received services from a provider in our medical group. Services from providers that are not affiliated with our medical group are not included.

#### Why am I getting a bill from a provider whom I didn't see?

You may not meet all providers who assist with your care. For example, you may not have met the physician who supervises the nurse practitioner that assessed you, or the pathologist who reviewed your lab results.

### Your Balance

#### Why don't I see my previous payment in this statement?

This statement includes only the outstanding charges on your account. If your previous payment was towards a charge that is no longer outstanding, you will see your previous payment and the closed charge on the first statement that is sent after the payment is processed, but not on subsequent statements.

#### Was my insurance billed and did they pay correctly?

If your insurance information was on file with our office, this statement reflects the contributions from your insurer. You should receive an explanation of benefits from your insurer explaining the remaining balance. Please contact your insurer if you have questions about your insurance eligibility, coordination of benefits, or why a service was not covered.

#### What do Copay, Deductible, Coinsurance, and Misc. next to my outstanding balances mean?

These terms indicate why you owe a balance and are related to your insurance coverage.

- **Copay** - the set amount you must pay for a health care service.
- **Deductible** - the amount you must pay for health care before your insurance benefits take effect.
- **Coinsurance** - the percentage of health care costs you must pay once your insurer covers its share. Coinsurance typically goes into effect once the deductible has been reached.
- **Misc.** - refers to other reasons you may owe a balance, such as a service not being covered by your insurer.

#### Why am I being billed twice for the same service?

If you received care in a hospital setting or clinic, you may be billed for both professional and facility fees, and you may see two charges for the same service. Professional fees are related to the time your caregiver spends treating you during your visit. Facility fees are for the use of the healthcare facility, equipment, supplies, and staff supporting your provider.

### Making a Payment

#### How do I make a payment?

Please see the reverse side of this statement for more information about payment methods.

#### What if I can't pay my balance?

If you are unable to pay your balance, please contact our office as soon as possible so that we can discuss payment arrangements with you.

## 12

If your information has changed, please indicate changes below and **check the box on the reverse side of this page.**

### Patient Information

Your Name (Last, First, Middle Initial)	Date of Birth
Address	
City	State                      Zip
Telephone	
(      )	
Social Security #	
Employer's Name	Telephone
(      )	
Employer's Address	
City	State                      Zip
Please Indicate if Applicable:	
<input type="checkbox"/> AUTO ACCIDENT	Date of Injury
<input type="checkbox"/> WORKER'S COMPENSATION	

### Insurance Information

Your <b>PRIMARY</b> Insurance Company's Name		
Primary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	
Your <b>SECONDARY</b> Insurance Company's Name		
Secondary Insurance Company's Address		
City	State	Zip
Policyholder Name	Date of Birth	Sex
Policyholder's ID Number	Group Plan Number	



Guarantor Name:  
Patient Account #:  
Statement Date:

JOHN DOE  
XXXXXA11476  
12/01/2021

## Your Account Status

Your health insurance has been billed correctly and the remaining balance is your responsibility.

Charges	13	\$163.00
Previous Payments & Credits		\$137.94
Total Balance		\$25.06
<b>Payment Due Upon Receipt</b>		<b>\$25.06</b>

### PROFESSIONAL FEES

Charges for services rendered by a provider, such as an examination or explanation of results.

Patient Name	14	Provider Name	15	Service Location	16						
John Doe		Andrew T. Jaffe, MD		Riverchase Dermatology - Ft. Myers							
Date	17	Description	18	Charge Status	19	Charges	20	Payments/ Credits	21	Patient Balance	22
11/2/2020		OFFICE OR OTHR OUTPATIENT VISIT FOR EVAL &				\$163.00					
12/01/2020		Credit - Insurance Payment		PROCESSED				-\$39.77			
12/01/2020		Credit - Insurance Adjustment		PROCESSED				-\$98.17			
		<i>Patient Balance - DEDUCTIBLE</i>								\$25.06	
<b>TOTAL PATIENT BALANCE</b>										23	<b>\$25.06</b>

Any dispute regarding this statement or any amounts due must be submitted in writing to:  
P.O. Box 19000, Belfast, ME 04915-4085

Submitting payment in an amount less than the total on this statement shall not constitute an offer to settle any dispute, regardless of any accompanying communication.

1. Guarantor Information: Displays the name of the account guarantor, the patient account number, and the date the statement was generated.
2. Account Status: States the basic status of the account, including insurance coverage messages, payment plan information, and account urgency.
3. Payment Due: This is the total amount due at the date the statement was generated. A detailed breakdown is visible on the last page of the statement.
4. Online Payment: Shows the QuickPay option for online payments. You can make fast and easy online payments using the QuickPay code on our website or at <https://payment.athenahealth.com>
5. Mail Payment: Mail your payment along with the payment coupon on page 1 to the address provided. Please note that this is a secured lockbox in Maine that our payments are routed to.
6. Questions?: Contact one of our Patient Account team members to discuss your balance and insurance information at 239-313-2517.
7. Patient Portal: Sign up for the patient portal at the web address provided on your statement to view statements online and enroll in paperless statements and bill pay.
8. Notes Section: Includes any accounts notes pertinent to your account, if applicable.
9. Payment Coupon: Displays payment due date, patient account number, amount due, and mailing address. Please make checks payable to *Riverchase Dermatology*.
10. Information Changes: Please check this box if you need to update your personal or insurance information. Indicate all changes in the "Patient Information" and "Insurance Information" sections at the bottom of page 2.

11. Frequently Asked Questions: A list of FAQs regarding your statement, balance, and payment information.
12. Information Changes: Please complete this section should you have any updated to your personal or insurance information. Remember to check the box notifying us of your updates on the payment coupon on page 1 (see item number 10).
13. Charge Summary Section: Outlines the total charges, total credits and payments, and remaining balance on the account as of the date listed on the statement.
14. Patient Name: States the name of the patient seen on the listed service date.
15. Provider Name: Lists the name of the provider who rendered services. Please note that if multiple providers were involved in your care, you may see charges from different providers on the same service date (e.g. A pathologist may examine your specimen in the lab, or a different provider may perform your wound closure after a procedure).
16. Service Location: Displays the location in which your services were rendered. Note that if our dermapathologist examined analyzed your tissue specimen, this will display the location of the lab. This may differ from the location where you were seen.
17. Date: This will show the service dates of all procedures along with the transaction dates of all monetary activity.
18. Description: Includes a general description of services rendered, as well as descriptions of transactions such as insurance payments, adjustments, and the reason for your remaining balance (e.g. Copay, Deductible, Coinsurance).
19. Charge Status: This states the insurance processing status (e. g. Processed, Ineligible, etc.)
20. Charges: Lists the total charge (before payment and insurance processing) of each service rendered.

21. Payments/Credits: Displays all payments, credits, and adjustments from all parties. Please note that these are displayed as negative dollar amounts.
22. Patient Balance: This column will list the remaining patient balance for each individual procedure.
  
23. Total Patient Balance: If multiple procedures and balances are displayed on your statement, you will see the sub-total of the balances in bold here.